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PTO/SB/30 (10-01)

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Commissioner for Patents M/S RCE PO Box 1450, Alexandria, VA 22313-1450	Application Number	09/371,760
	Filing Date	August 10, 1999
	First Named Inventor	Tomoyuki FUNAKI
	Group Art Unit	2654
	Examiner Name	D. Nolan
	Attorney Docket No.	393032009400

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☒ Other Petition for one-month extension of time

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No: 03-1952

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231
Signature		Date	June 3, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: M/S RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 3, 2004

Signature: (Mehran Arjomand)

06/09/2004 DENHANI 00000138 031952 09371760

01 FC:1801 770.00 DA



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/371,760
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	August 10, 1999
880.00		First Named Inventor	Tomoyuki FUNAKI
		Examiner Name	Daniel A. Nolan
		Art Unit	2654
		Attorney Docket No.	393032009400

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number: 03-1952			
Deposit Account Name: Morrison & Foerster LLP			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR 1.16 and 1.17			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) (\$) 0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims ** =	
Independent Claims ** =	
Multiple Dependent	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1202 18	2202 9
1201 86	2201 43
1203 290	2203 145
1204 86	2204 43
1205 18	2205 9
SUBTOTAL (2) (\$) 0.00	
**or number previously paid, if greater; For Reissues, see above	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231
Signature		Telephone	(213) 892-5630
		Date	June 3, 2004

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